The Effectiveness and Utility of Solution Focused Brief Therapy (SFBT) with At-Risk Junior High School Students: A Quasi-Experimental Study

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Research Problem

Currently, major changes are taking place in the organization and management of interventions provided by school social workers. One of the more prevalent changes pertains to the necessary use of evaluative, outcome research that demonstrates the applicability and evidence of treatment interventions with "at-risk" student populations. In fact, the recent demands asserted by state officials, school administrators and building principals have emphasized the importance of uncovering interventions that empower, enhance and sustain the social, behavioral and academic ability of at-risk student populations across the United States.

As a result of these escalating demands, emphasis in many school settings is now placed on how well treatment interventions impact the "bottom-line" and result in what many refer to as "hard-data." More importantly, indices of hard-data for many school social workers now reside out of necessity and accountability, and how well the various interventions they practice impact the standardized tests, attendance records, and grades of at-risk student populations. As pointed out by Allen-Mears (2000), school social workers "in the twenty-first century will need to report to their supervisors more than the number of contacts made per week or month in order to convince them, their funders, and school decision makers to invest in the service" (p. 301).

With such considerations, many school social workers in the new Millennium are faced with the daunting task of uncovering brief, but yet effective interventions that not only meet the educational issues presented by at-risk students, but also justify their place in school systems. As such, school social workers are placed in the precarious position of demonstrating that the interventions they practice are efficient, productive and cost effective.

Research Background, Questions, and Hypothesis

Recently, an intervention that has gained popularity in meeting the needs of at-risk students in school settings is solution-focused brief therapy (SFBT). Indeed, many have asserted the use of SFBT as a model that is well suited in meeting the needs of at-risk students as well as the demands in school systems (Kral, 1995). As a pragmatic shift, SFBT focuses on strengths and solutions rather than deficits and problems (Hoyt, 1994; Berg, 1994, De Shazer, 1985) in an approach to practice that seeks to secure choices and options with at-risk students (Corcoran, 1998).

Most recently, the use of SFBT has uncovered some promising results with students coping with emotional and behavioral disorders in middle and high school (Murphy, 1994; Franklin, Biever, Moore, Clemons, & Scamardo, 2001), students coping with ADHD (Dielman & Franklin, 1998), Hispanic children of incarcerated parents (Springer, Lynch, Rubin, 2000), with students who exhibit bullying behavior (Banks, 1999), adolescent girls who have experienced childhood sexual abuse and been diagnosed with depression, oppositional defiant disorder and posttraumatic stress disorder (Kruczek & Vitanza, 1999), and as a group intervention designed to enhance student self esteem (Lafountain & Garner, 1996a; Lafountain, Garner & Eliason, 1996b).

However, despite the promising results of SFBT, limited research exists that supports the model as an effective intervention with at-risk students. Specifically, limited research exists that supports the model with at-risk students identified for academic and/or school failure. Therefore, the purpose of this applied research project was to evaluate the effectiveness of SFBT with a population of at-risk junior high school students identified for academic and/or school failure. In doing so, the use of a non-equivalent pretest-posttest comparison group design with a six-week follow up was utilized. In addition, five research questions were developed to gauge the effectiveness of SFBT with this vulnerable population. Specifically, the research questions were as follows:

(1) Will SFBT enhance the G.P.A. of at-risk junior high school students when compared to at-risk junior high school students that do not receive SFBT?

(2) Will SFBT increase the attendance of at-risk junior high school students when compared to at-risk junior high school students that do not receive SFBT?

(3) Will SFBT enhance behavior related to the completion of homework by at-risk junior high school students?

(4) Will SFBT enhance the classroom behavior of at-risk junior high school students?

(5) Will the use of SFBT enhance the overall social skills of at-risk junior high school students?

Methodology

Potential students for the study were defined as, *Any student in the 7th and/or 8th grade identified as being at-risk for academic problems based on below average academic performance and/or displaying chronic and/or low attendance from the previous academic year, and who was not receiving or currently under the provisions of an Individual Education Plan (IEP).* With such considerations, the subject population for the study was pre-pubertal and pubertal adolescents between the ages of 11-14 with current behavior indices that placed them in the position of either being at-risk for school failure and/or falling in the at-risk population.

Given the age of the treatment population, an overview of the study was read aloud and informed consent was obtained before the onset of treatment. It was hoped that an equal number of students would be represented in four treatment groups, and that participation in SFBT would not interfere with the participant's academic classes (i.e. math, english, social studies, history, etc.). Therefore, initial placement in SFBT treatment was based on the current grade attended by the student as well as his or her class schedule. However, at the onset of the study it became apparent – given the grade distribution of the sample as well as the treatment participants academic schedules – that some concessions would have to be made concerning the equality of the groups. As a result, six 7th grade students were placed in SFBT treatment group A, six 7th grade students were placed in SFBT treatment group B, eight 8th grade students were placed in SFBT treatment group C, and eight 8th grade students were placed in SFBT treatment group D.

SFBT treatment group A was conducted by the existing school social worker at the participating school who had just began her position after completing the MSW program and certification in school social work at The Ohio State University. SFBT treatment group B was conducted by an MSW II student intern who was completing his second year internship at the participating school district as well as his certification in school social work at The Ohio State University. Similarly, SFBT treatment group C was conducted by an MSW II intern who was completing her second year internship at the participating school district as well as her certification in school social work at The Ohio State University. Finally, SFBT treatment group D was conducted by the College of Social Work doctoral candidate at The Ohio State University.

Solution focused brief therapy consisted of eight sessions of group counseling for each of the four treatment groups. Specifically, treatment began the second week of the 4th marking period on January 15th, 2002 and continued for eight weeks until March 15th, 2002. Treatment groups met on Monday's except for one week due to the Martin Luther King Holiday. During that week, each group was conducted on Wednesday during their usual class time period (i.e. 3rd, 4th and 5th hours). Lastly, each SFBT group met for the equivalent of one class period (i.e. 35 minutes) during the marking period.

To ensure treatment integrity, SFBT group facilitators were trained in the application of SFBT during the preceding summer quarter before the onset of the study. Training in the application of SFBT was directed and supervised by the doctoral candidate's advisor who has over 22 years of clinical social work experience as well as extensive work with the SFBT model. In order to monitor and ensure the use of SFBT by

the group facilitators, tape recordings of each treatment session occurred. Additionally, SFBT group facilitators meet one hour preceding each treatment session to discuss the framework and focus of the groups for that day. Similarly, a protocol was developed and reviewed before each session to ensure that the SFBT group facilitators were following the SFBT model as well as to ensure a group focus on the general outcome measure of academic competency.

In order to measure the effectiveness of SFBT, a total of three measurements were utilized to assess within group differences for participants receiving SFBT. The selection of the instruments was based on the following criteria: (1) psychometric validity, (2) relevance to the theoretical approach, (3) applicability to outcome research in school settings, (4) applicability to adolescents in school settings, (5) readability, and (6) ease of completion and self administering time. With such considerations, the measurements utilized in the study were the Homework Problem Checklist (HPC), the Behavioral and Emotional Rating Scale (BERS) and the Social Skills Rating System (SSRS). In addition to the three measurements utilized in the study, treatment and comparison group participants were assessed on the non-intrusive measures of grade point average (G.P.A.) and school absences.

Results

In general, response to participation and treatment was overwhelmingly positive. At the onset, a total of 28 students had agreed to participate in one of the four treatment groups (i.e. by signing the consent form). However, two of the 28 students participating in the study moved from the school district during the 3rd and 5th week of treatment. As a result, the two students were dropped from the study. Remaining participant involvement was very positive with each of the students in the treatment group's completing at least five of the eight weeks of treatment necessary for inclusion in the analysis of the data.

The study sample consisted of 52 at-risk students; 26 in the treatment group, and 26 in the comparison group. Overall, students in the study ranged in age from 12 – 15 years of age, with a mean age of 13.19 (SD = .74). In regards to gender, (n = 38) of the participants were male, whereas (n = 14) were female. Relative to race/ethnicity, it was found that (n = 37) of the participants were White/Caucasian; (n = 13) were Black/African American; (n = 1) was Mexican American and (n = 1) was Asian American.

Paired t-tests were utilized to analyze within group differences on the SRSS, HPC and BERS. Compared to pre-treatment assessments, students in the treatment group reported higher scores on the SSRS at post-treatment [t (25) = 7.05; $p < .001$], and at six-week follow-up [t (25) = 3.57; $p < .001$]. This finding was also uncovered on the HPC [t (25) = 3.17; $p < .004$] and the BERS [t (25) = 3.59; $p < .001$] from pre-treatment to post-treatment. As such, paired t-test analyses uncovered statistical significance on each of the three instruments.

In order to examine the effectiveness of SFBT on the non-intrusive measures of G.P.A. and absences, analysis of covariance (ANCOVA) was utilized. Specifically, pre-

treatment G.P.A. as well as pre-treatment absences (i.e. marking periods 1, 2, and 3) were utilized as covariates and then compared to post-treatment G.P.A. and post-treatment absences (i.e. marking periods 4, 5, and 6). Compared to the comparison group, students receiving SFBT increased their post-treatment G.P.A during marking periods 4, 5, and 6. This difference was statistically significant [F (2, 49) = 41.24; $p < .001$]. On the other hand, no statistical significance was uncovered between the two groups on post-treatment absences, indicating that the two groups did not differ as a result of the SFBT intervention.

Utility for Social Work Practice

Tremendous pressure has been placed on school social workers to enhance the behavioral, social and academic competency levels of students identified as being at-risk for school failure. More importantly, school social workers have a responsibility to enhance and improve the future of at-risk students with interventions that "tap" into the strengths presented by students. Such interventions – as demonstrated in the aforementioned study – that seek to increase such strengths can potentially set a path that is fulfilled with greater social, behavioral and academic rewards while also addressing Federal mandates that require school social workers to recognize the strengths presented by such students (Whitted & Constable, 2002).

Given such considerations, school social workers may find the use of SFBT a useful tool in meeting the needs of students at-risk for school failure. For example, at-risk junior high school students participating in the SFBT groups displayed favorable outcomes from pre-test to post-test as well as six-week follow-up on the SSRS instrument. In addition, favorable outcomes were uncovered from pre-test to post-test on the BERS and HPC instruments completed by teachers and parents.

Such findings are important given that schools are social systems in which at-risk populations must socially interact and respect boundaries established by peers, teachers, school staff and building principals. More importantly, such findings from pre-test to post-test on the SSRS, BERS and HPC highlight the recognition of parameters that govern school success such as classroom behavior, homework completion and social skills. Such results build on the body of literature that cite the use and applicability of SFBT with vulnerable adolescent and K – 12 student populations (Corcoran, 1998, Franklin et. al., 2001; Geil, 1998; Dielman & Franklin, 1998; Banks, 1999; Murphy, 1997; Lafountain, Garner, & Boldosser, 1995).

Favorable outcomes were also uncovered pertaining to the enhancement of post-treatment G.P.A. In fact, school social workers may find SFBT a useful tool in not only meeting the academic concerns presented by at-risk students, but also the current demands asserted by school officials. As a result, SFBT may provide school social workers with an intervention tool to address indices of academic competency as well as provide the necessary hard-data to support school social work in K –12 educational settings. Such implications are important given the prevailing issues of accountability and the use of hard-data to demonstrate and sustain professional "worth" in K –12 educational settings. Without question, such implications warrant the continued

investigation of SFBT as a possible and practical alternative to the traditional deficient, problem oriented approach so commonly practiced by school social workers.

References

Allen-Mears, P. (2000). The evaluation of programs and practices. In P. Allen-Mears, R. O. Washington, & L. B. Welsh (3rd Edition). *Social work in schools*. Englewood Cliffs, NJ: Prentice-Hall.

Banks, V. (1999). A solution focused approach to adolescent group work. *Family Therapy*, 20(2). 78-82.

Berg, I. K. (1994). *Family based services: A solution-focused approach*. New York: Norton.

Corcoran, J. (1998). Solution-focused practice with middle and high school at-risk youths. *Social Work in Education,* 20(4), 232-243.

De Shazer, S. (1985). *Keys to solutions in brief therapy*. New York: W. W. Norton.

Dielman, M. B., & Franklin, C. (1998). Brief solution-focused therapy with parents and adolescents with ADHD. *Social Work in Education,* 20(4), 261-268.

Franklin, C., Biever, J., Moore, K., Clemons, D., & Scamardo, M. (2001). The effectiveness of solution-focused therapy with children in a school setting. *Research on Social Work Practice,* 11(4), 411-434.

Geil, M. (1998). *Solution focused consultation: An alternative consultation model to manage student behavior and improve classroom environment*. Unpublished doctoral dissertation. University of Northern Colorado, Greeley, Co.

Hoyt, M. F. (1994). *Constructive therapies*. New York: Guilford.

Kral, R. (1995). *Strategies that work: Techniques for solutions in school*. Milwaukee, WI: Brief Family Therapy Press.

Kruczek, T., & vitanza, S. (1999). Treatment effects with adolescent abuse survivor's group. *Child Abuse and Neglect*, 23, 477-485.

Lafountain, R. M., & Garner, N. E. (1996a). Solution-focused counseling groups: The results are in. *The Journal for Specialists in Group Work,* 21(2), 128-143.

Lafountain, R. M., Garner, N. E., & Eliason, G. T. (1996b). Solution-focused counseling groups: A key for school counselors. *The School Counselor,* 43, 256-267.

Lafountain, R. M., Garner, N. E., & Boldosser, S. (1995). Solution-focused counseling groups for children and adolescents. *Journal of Systemic Therapies,* 14(4), 39-51.

Murphy, J. J. (1997). *Solution-focused counseling in middle and high schools*. American Counseling Associations. Alexandria, VA.

Murphy, J. J. (1994). Working with what works: A solution-focused approach to school behavior problems. *The School Counselor, 42*, 59-65.

Springer, D. W., Lynch, C., & Rubin, A. (2000). Effects of a solution-focused mutual ad group for Hispanic children of incarcerated parents. *Child and Adolescent Social Work Journal,* 17(6), 431-442.

Whitted, B. R., & Constable, R. (2002). Educational mandates for children with disabilities: School policies, case law and the school social worker. In R. Constable, S. McDonald, & J. P. Flynn (5th Edition). *School social work: Practice, policy and research perspectives*. Chicago, Ill: Lyceum Books.